

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90037 023 \*\*\*\*61.25

**DOCUMENT # N15871**

1. Entity Name

**LA VID VERDADERA, INC.**

Principal Place of Business

Mailing Address

4819 BUSH BLVD  
 SUITE 204  
 TAMPA FL 33637  
 US

PO BOX 16112  
 TAMPA FL 33687-6112  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2870396**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, MILDRED  
 12906 ASTORWOOD PL  
 RIVERVIEW FL 33569

Name **LIZANDRA I. MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable) **15215**

**Livingston Ave. #55**

City **Tampa**

**FL**

Zip Code **33549**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Lizandra I. Martinez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-00**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELEZ, WILLIAM JR.	
STREET ADDRESS	1707 HARTLEY RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELEZ, DAVID W	
STREET ADDRESS	PO BOX 16112	
CITY-ST-ZIP	TAMPA FL 33687	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ACEVEDO, ILEANA M.	
STREET ADDRESS	22707 WEEKS BLVD.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lizandra I. Martinez	
STREET ADDRESS	15215 Livingston Ave #55	
CITY-ST-ZIP	Lutz FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lizandra I. Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-27-00 / 813-972-0264**



DO NOT WRITE IN THIS SPACE